PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

				Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
52123 7590 10/13/2009 GREENBLUM & BERNSTEIN, P.L.C.				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
						(Depositor's nar	
						(Signatu	
						(Da	
APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		NO. CONFIRMATION NO.	
10/599 638	10/599,638 10/04/2006		Tatsuo Sasaoka	P30908		2109	
APPLN. TYPE	SMALL ENTITY NO	ISSUE FEE DUE	PUBLICATION FEE DUE \$300	PREV. PAID ISSUE	FEE TOTAL FEE(S		
nonprovisional	<u> </u>	\$1510		30	\$1810	01/13/2010	
EXAM		ART UNIT	CLASS-SUBCLASS				
WILCZEWSI	KI, MARY A	2822	438-118000				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			or agents OR. alternative (2) the name of a single registered attorney or a 2 registered patent attornisted, no name will be	te name of a single firm (having as a member a tered attorney or agent) and the names of up to istered patent attorneys or agents. If no name is 1, no name will be printed.			
					e is identified below.	the document has been filed	
recordation as set forth	h in 37 CFR 3.11. Compl	etion of this form is NO	OT a substitute for filing an a	issignment.			
(A) NAME OF ASSIC			(B) RESIDENCE: (CITY	and STATE OR CO	JUNIKY)		
PANASONIC CO	DRPORATION		Osaka, JAPAN				
N. 1 1 d	iate assignee category or o	ategories (will not be p	orinted on the patent):	Individual 🛚 Cor	poration or other priva	ate group entity 🚨 Governme	
lease check the appropri	ana mahamittada	4	lb. Payment of Fee(s): (Plea	se first reapply any	previously paid issu	ie fee shown above)	
ta. The following fee(s) a Solution lissue Fee Description Fee (N	o small entity discount pe	rmitted)	A check is enclosed. X Payment by credit care	i.			
ia. The following fee(s) a	o small entity discount pe	rmitted)	Payment by credit care The Director is hereby	authorized to charg	e the required fee(s), a	any deficiency, or credit any	
ia. The following fee(s) a Issue Fee Publication Fee (N Advance Order - #	o small entity discount pe	ernaha aman na n	Payment by credit care The Director is hereby	authorized to charg	e the required fee(s), a 19-0089 (enc		
ia. The following fee(s) of Issue Fee Publication Fee (N Advance Order - # Change in Entity Stat	tus (from status indicated s SMALL ENTITY status	above) . See 37 CFR 1.27.	☐ Payment by credit care ☐ The Director is hereby overpayment, to Deposition ☐ b. Applicant is no long	authorized to charg sit Account Number ger claiming SMAL		any deficiency, or credit any close an extra copy of this form at 27 CFR 1.27(g)(2).	
ia. The following fee(s) a Issue Fee Publication Fee (N Advance Order - # Change in Entity Stat a. Applicant claims NOTE: The Issue Fee and	tus (from status indicated s SMALL ENTITY status	above) . See 37 CFR 1.27. ired) will not be accepte	☐ Payment by credit care ☐ The Director is hereby overpayment, to Deposit b. Applicant is no longed from anyone other than the	authorized to charg sit Account Number ger claiming SMAL		any deficiency, or credit any close an extra copy of this form	
ia. The following fee(s) a Issue Fee Publication Fee (N Advance Order - # Change in Entity Stat a. Applicant claims NOTE: The Issue Fee and	to small entity discount per of Copies tus (from status indicated as SMALL ENTITY status d Publication Fee (if requirecords of the United State	above) . See 37 CFR 1.27. ired) will not be accepte	☐ Payment by credit care ☐ The Director is hereby overpayment, to Deposit b. Applicant is no longed from anyone other than the	authorized to charg sit Account Number ger claiming SMAL		any deficiency, or credit any close an extra copy of this form at 27 CFR 1.27(g)(2).	

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.